



BETTER CHOICES
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GOOD&HEALTHY SOUTH DAKOTA COMMUNITIES



Better Choices, Better Health[®]SD

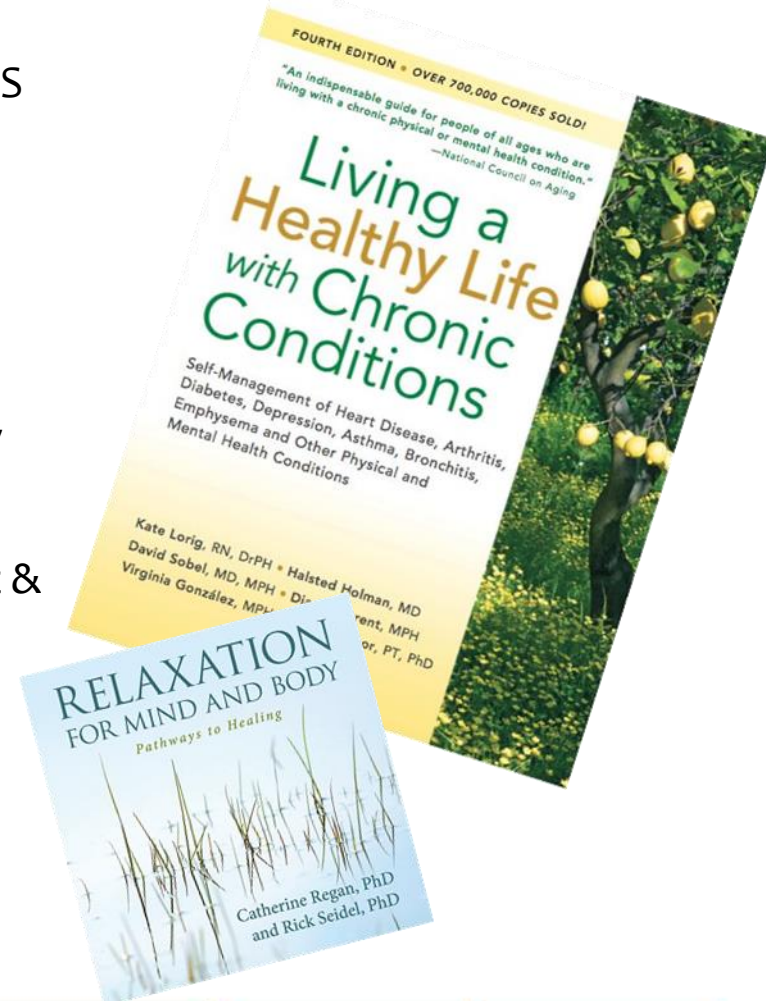
South Dakota's Chronic Disease Self-Management Program

Health Homes Sharing Meetings 2016

Better Choices, Better Health® SD



- ❑ State-wide partnership – SDSU Ext, SD DOH, DSS
- ❑ Evidence-based, Stanford University
- ❑ For adults 18+ years and caregivers
- ❑ Not disease specific
- ❑ 2 ½ hours, once weekly for six weeks
- ❑ Learn tools & techniques, based on self-efficacy
- ❑ Compliments patient education
- ❑ Aligns with Medicare chronic care management & Medicaid health home models
- ❑ Scripted, led by two Stanford prepared leaders
- ❑ Will not burden clinic resources



Workshop Overview



Workshop Components Overview		Week					
		1	2	3	4	5	6
Review of self-management and chronic conditions		✓					
Making an action plan		✓	✓	✓	✓	✓	✓
Using your mind to manage symptoms		✓		✓		✓	✓
Feedback / problem solving			✓	✓	✓	✓	✓
Getting a good night's sleep		✓					
Difficult emotions			✓				
Preventing falls			✓				
Fitness / exercise			✓	✓			
Making decisions				✓			
Pain				✓			
Fatigue				✓			
Better breathing					✓		
Communication					✓		
Nutrition					✓	✓	
Medications						✓	
Making informed treatment decisions						✓	
Depression						✓	
Weight management							✓
Working with your health care professionals							✓
Working with your health care system	3						✓
Future plans							✓

National Study Outcomes



- ❑ Increased physical activity
- ❑ Improved health-status
- ❑ Improved social/role activities
- ❑ Better psychological well-being
- ❑ Decreased days in hospital
- ❑ Improved self-reported general health
- ❑ Enhanced partnerships with physicians
- ❑ Increased energy/reduced fatigue
- ❑ Reduced health care expenditures



Role of CDSMP in Patient-Centered Health Homes



National Committee for Quality Assurance (NCQA) Recognition Standards reinforce the critical role of patient self-management

Referring patients to CDSMP workshops offered in the community will help qualify medical practices meet health home criteria

Self-Management is part of SD Medicaid Health Home Core Services

- Health Promotion
- Referrals to Community and Social Support Services

Path to Reimbursement



National Council on Aging Learning Collaborative Health Behavior Assessment & Intervention (HBAI)

- ❑ BCBH selected to participate
- ❑ Members from around the United States
- ❑ Meet monthly Jan – Oct 2016
- ❑ Advised by expert consultant
- ❑ Access to best practice documents & processes

HBAI Coverage



- ❑ There is not a standard accreditation requirement for HBAI
- ❑ HBAI is a covered benefit under the Medicare Part B program and South Dakota Medicaid
- ❑ All Medicare Advantage plans must cover all Medicare Part B benefits
 - Advantage Plan rates for HBAI is an individual negotiation between the provider and the specific health plan. There is not a standard regulated rate for health plan covered services.
 - In South Dakota the Advantage Plans with the most enrolled beneficiaries are Medica and Humana

Purpose of HBAI Services



- ❑ Service intended to identify and address the psychological, behavioral, emotional, cognitive, and social factors important to the treatment and management of physical health problems.
- ❑ HBAI is expected to support the consumer in building the skills necessary to overcome the perceived barriers to self-management of his or her chronic disease(s).

History of HBAI



- ❑ The American Medical Association established a CPT code for HBAI
 - ❑ The Common Procedural Terminology (CPT) codes are a set of medical billing codes that are developed and owned by the American Medical Association (AMA). The CPT codes represent a medical nomenclature that is used to report medical services performed by healthcare professionals.
- ❑ Established as a new Medicare benefit in 2002

Mental Health Benefits & HBAI



- ❑ HBAI is not considered a mental health benefit
- ❑ The codes are intended to address the non-mental health related barriers to self-management of a chronic physical condition:
 - ❑ Cognitive
 - ❑ Emotional
 - ❑ Social
 - ❑ Behavioral functioning

HBAI Codes



- ❑ 96150 – Initial HBAI Assessment to determine participant’s barriers and limitations for disease self-management
- ❑ 96152 – Additional one-on-one time conducted with a participant to address personal barriers to self-management
- ❑ 96153 – Participation in group sessions

HBAI 2016 Rates



- ❑ Rates change every calendar year
- ❑ 2016 Rates*
 - ❑ Rates are retroactive to January 1, 2016
 - ❑ HBAI services are subject to coinsurance requirements

Code	Rate	Units	Total
96150	\$21.84	4	\$87.36
96153	\$4.65	60	\$279.00

Total

\$366.36

*Rates shown here are an average. Rates subject to change based on the Metropolitan Statistical Area (MSA) variation

HBAI Limits



- ❑ Services are billed in 15 minute unit increments
- ❑ The initial HBAI assessment code would be expected to be completed 1 hour = 4 units
- ❑ Time billed using codes 96152 and 96153 accumulate toward a 15-hour calendar year threshold limit, per beneficiary.
 - ❑ 15 hours of group: 4 units/hour X 15 hours = 60 units

HBAI Eligibility



- ❑ Consumer must have an underlying physical illness or injury
- ❑ Must be non-psychiatric factors that impact the person's ability to manage their chronic disease
- ❑ Consumer must have a referral from a healthcare provider
 - ❑ Physician
 - ❑ Nurse Practitioner
 - ❑ Physician Assistant
 - ❑ Licensed Clinical Psychologist
 - ❑ Licensed Social Worker (Medicare Advantage only)

HBAI Intervention Procedure



- ❑ An initial assessment must be completed to determine potential barriers to disease self-management.
- ❑ Development of an individualized disease self-management education plan, based on the assessment results.
- ❑ Direct clinical supervision of the class, when sessions are active.

HBAI Initial Assessment



- ❑ Date of initial diagnosis of physical illness
- ❑ Clear rationale for why the initial assessment was performed
- ❑ Assessment outcome and the ability of the consumer to understand and respond in a meaningful way to an individual and group intervention
- ❑ Goals and duration of the proposed intervention
- ❑ Planned frequency and duration of services
 - ❑ The plan must detail the frequency of individual and group sessions and the duration of each session.
 - ❑ Each individual session must also document the length of time that services were delivered.

HBAI Program Considerations



- ❑ As a Part B service, HBAI is not covered for beneficiaries without Part B benefits
- ❑ Beneficiaries that have elected Medicare Part C (Medicare Advantage) must receive their benefit from a Medicare Advantage approved provider
 - ❑ Medicare recognized programs can contract directly with a Part C plan provider to provide these services
 - ❑ Once approved by Medicare, negotiate directly with the dominant Medicare Advantage Plan in our market

HBAI Requirements



- ❑ A physician or medical provider must certify that HBAI services are needed
- ❑ Physician or provider order is required prior to the initiation of services
- ❑ For direct CMS reimbursement, a beneficiary must have Medicare Part B benefits in order to have HBAI as a covered benefit
 - ❑ If they have Part C, you must have an agreement with the Advantage plan contractor
- ❑ Verify if the person has a supplemental insurance policy (Medigap or Medicaid)

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 [BCBH Video](#)

 Registration

www.betterchoicesbetterhealthsd.org

1-888-484-3800